

<b>Case Number:</b>	CM15-0014868		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/26/1995
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male, with a reported date of injury of 07/26/1995. The diagnoses include shoulder joint pain, right shoulder internal derangement, right upper extremity radiculopathy, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervical post-laminectomy syndrome, and chronic pain syndrome. Treatments to date have included cervical epidural steroid injection and oral medications, including Neurontin. The medical report dated 01/15/2015 indicates that the injured worker complained of right arm and shoulder pain and tingling. It was noted that the tingling was a new onset. The physical examination showed a forward head posture, right bicep reflexes at 1+, right triceps biceps at 2+, and right brachioradialis reflexes were absent. It was noted that the injured worker's level of function remained dependent on the medications. The treating physician requested Neurontin 600mg #60, with five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Neurontin 600mg #60 Refills: 5; Rx Given 1/15/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Antiepileptic Medications Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** The patient presents with neck and low back pain. The request is for Neurontin 600mg #60 refills: 5 RX given 01/15/15. The provided RFA is dated 01/19/15 and the date of injury is 07/26/95. The diagnoses include shoulder joint pain, right shoulder internal derangement, right upper extremity radiculopathy, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervical post-laminectomy syndrome, and chronic pain syndrome. Treatments to date have included cervical epidural steroid injection and oral medications, including Neurontin. Per 01/15/15 report, medications include Neurontin, Amlodipine, Diovan, Norco, MS Contin, Simvastatin and Trazodone. The patient is maximally medically improved. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per 01/15/15 report, treater states, "His level of function remains dependent on medications, which were refilled in a stable fashion. The medication allows the patient to effectively manage pain and maintain current levels of function." Neurontin was prescribed to the patient at least since 08/07/14, per provided medical reports. Given patient's radicular pain and benefit from medication, the request appears reasonable and indicated by guidelines. Therefore, the request for Neurontin is medically necessary.